

TENNCARE MEDICAL NECESSITY GUIDELINES	
Procedure: Applied Behavioral Analysis	Origin Date: 1/10/2006
Approved by: Wendy Long, M.D.	Page 1 of 3

Applied Behavioral Analysis Medical Necessity Guidelines

I. Description of Service

Applied behavioral analysis (ABA) is a widely used strategy for addressing behavior problems among patients with disorders such as mental retardation and traumatic brain injury. It considers antecedents (environmental factors that appear to trigger unwanted behavior), the behaviors themselves, and consequences that either increase or decrease future occurrences of that behavior. A treatment program using a behavioral technique known as operant conditioning is then carried out to address the specific challenging behavior. ABA as described above is a covered TennCare benefit and the subject of this guideline. It should be noted that ABA has also been used in highly structured intensive programs to improve the cognitive and social skills of children with autism (e.g., Lovaas therapy). ABA when utilized in this manner is primarily an educational intervention, rather than a medical service and is not a covered benefit under the TennCare program.

II. Provider Requirements¹

A. Behavioral Analyst Qualifications

1. Completion of at least a Master's degree in behavior analysis, psychology, special education, or related field; **and**
2. A minimum of 12 credit hours of graduate level course work in behavior analysis; courses must have focus on teaching of behavior analysis, rather than more generic topics in the discipline for which the graduate degree was awarded. The courses should address the following issues in applied behavior analysis: ethical considerations; definitions, characteristics, principles, processes and concepts; behavioral assessment and the selection of intervention strategies and outcomes; experimental evaluation of interventions; measurement of behavior and displaying/interpreting behavioral data; behavioral change procedures and systems support (Adapted from the Behavior Analyst Certification Board®); **and**
3. A minimum of six months full-time supervised employment (or internship/practicum) in behavior analysis under the supervision of a behavior analyst. Supervision minimally consists of face-to-face meetings for the purposes of providing feedback and technical consultation at least once per week. Behavior analysts with the following credentials will be deemed as acceptable supervisors for an applicant who wishes to meet these criteria: Board Certified Behavior Analyst; TN Licensed Practicing Psychologist with practice in behavior analysis and therapy; TN Licensed Senior Psychological Examiner with practice in behavior analysis and therapy; DMRS Approved Behavior Analyst or DMRS Approved Analyst (Provisional/Time-Limited).

B. Behavioral Analyst Credentials

1. Licensed in the State of Tennessee for the independent practice of psychology; **or**
2. A Qualified Mental Health Professional licensed in the State of Tennessee with a scope of practice to include behavior analysis; **or**
3. A certified behavior analyst, certified by the Behavior Analyst Certification Board (BCBA)®; **and**

¹ The following is adapted from Division of Mental Retardation Services, State of Tennessee, Provider Manual, Appendix N, Published March 15, 2005.

4. Credential verification by the Behavioral Health Organization.
- C. Behavior Specialist Qualifications/Credentials:
 1. Completion of a Bachelor's degree in one of the behavioral sciences, and acceptable field work and experience equivalent to one year of full-time behavioral therapy or behavioral modification; **or**
 2. Certification by the Behavior Analyst Certification Board (BACB)[®] as an Associate Behavior Analyst.

III. Prior Authorization Clinical Criteria – There must be documentation of:

- A. An established supporting DSM-IV diagnosis (such as autism, pervasive developmental disorder (PDD), or traumatic brain injury) for which ABA has proven to be an effective and appropriate intervention, **and**
- B. A severe challenging behavior (such as self-injury, aggression towards others, destruction of property, stereotyped/repetitive behaviors, elopement, severe disruptive behavior) that presents a health or safety risk to self or others, **or**
- C. A severe challenging behavior that significantly interferes with home or community activities; **and**
- D. Less intensive behavioral treatment or other therapy has not been sufficient to reduce interfering behaviors, to increase pro-social behaviors, or to maintain desired behaviors; **and**
- E. A reasonable expectation on the part of a treating health care professional that the individual's behavior will improve significantly with behavior analysis services.

IV. Concurrent Review Clinical Criteria

- A. The initial authorization may be limited to an evaluation and plan development. Ongoing ABA interventions shall be authorized for 60 days at a time (or at other intervals determined by the Behavioral Health Organization based on the individual's specific needs, behavior support/maintenance plan or skill support plan and progress in treatment). The number of hours the provider of services feels are needed on a weekly basis to effectively address the challenging behaviors should be a component of the Initial Treatment Plan. The patient must be reassessed at the end of each authorized period and must show measurable changes in the frequency, intensity and/or duration of the specific behavior of interest. If the patient shows no meaningful measurable changes for a period of three months of optimal treatment, then ABA will no longer be considered medically necessary. "Optimal treatment" means that a well-designed set of interventions are delivered by qualified applied behavioral specialists without significant interfering events such as serious physical illness, major family disruption, change of residence, etc.
- B. For changes to be "meaningful" they must be durable over time beyond the end of the actual treatment session, and generalizable outside of the treatment setting to the patient's residence and to the larger community within which the patient resides.
- C. Maintenance of the behavioral changes may require on-going ABA interventions as the patient grows, develops and faces new challenges in his/her life (e.g., puberty, transition to adulthood, transition to more integrated living situation, etc.).

V. Components of Behavioral Analysis²

- A. Assessments to determine the relationship between environmental events and behaviors
- B. Development of written behavior support/maintenance plans and skill development plans, and evaluating and revising plans as needed to meet individual's needs
- C. Assisting caregivers or others to carry out the approved behavior support/maintenance plans
- D. Observing caregiver (or other plan implementer) and individual's behavior for correct implementation of the behavior support/maintenance plan
- E. Observing individual's behavior to determine effectiveness of the behavior support/maintenance plan
- F. Providing on-site assistance in a difficult or crisis situation

Note: A-F above may be performed by a Behavioral Analyst.

C-F above may be performed by a Behavioral Specialist.

VI. Non-Covered Services

- A. The following is a non-exhaustive list of services sometimes offered in conjunction with behavior analysis services that are not covered by TennCare:
 - 1. Language development training
 - 2. Social skills training
 - 3. Self-care skills training
 - 4. Vocational rehabilitation
 - 5. Other educational services
 - 6. Respite care
 - 7. Recreational therapy
 - 8. Lovaas therapy
 - 9. Hippo therapy
 - 10. Equine therapy
 - 11. Dolphin therapy

VII. References

- A. **Efficacy of behavioral interventions for reducing problem behavior in persons with autism: a quantitative synthesis of single subject research**, Campbell JM., *Research and Developmental Disabilities*, 2003, March-April; 24(2): 120-38.
- B. **Evidence Based Practices and Students with Autism Spectrum Disorders**, Simpson, Richard L., *Focus on Autism and Other Developmental Disabilities*, Volume 20, Number 3, Fall 2005, pages 140-149.
- C. **Functional Analysis of Problem Behavior: a Review**. Hanley, Gregory P., Iwata, Brian A. and McCord, Brandon E., *Journal of Applied Behavioral Analysis*, 2003, 36, 147-185.

² The following is adapted from Division of Mental Retardation Services, State of Tennessee, Provider Manual, Chapter 12, Published March 15, 2005

TENNCARE MEDICAL NECESSITY GUIDELINES		
Procedure: Applied Behavioral Analysis	Origin Date: 1/10/2006	
Background	Attachment A	Page 1 of 1

Definitions:

Challenging behavior: “Culturally abnormal behavior(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behavior which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities.... They include aggression, destructiveness, self-injury, stereotyped mannerisms and a range of other behaviors which may be either harmful to the individual, challenging for carers and care staff and/or objectionable to members of the public.”³

Applied Behavioral Analysis [ABA]: A structured and systematic approach to reduce the intensity, frequency and/or duration of challenging behaviors and to increase use of critical adaptive behaviors based on the principles of operant conditioning. ABA creates measurable, durable and generalizable changes in behavior through understanding the functional relationships between the specific behavior of interest and its antecedents and consequences, and then modifying the specific environmental contingencies that will increase or decrease that behavior in the desired direction.

³ Emerson, Eric. Challenging Behavior: Analysis and intervention in people with severe intellectual disabilities. Cambridge University Press, 2001 p 3.